

University of Oregon Medical School

ONE MARCH MORNING 106 years ago, three students hurried down a board walk on the campus of Willamette University in Salem. They opened a squeaky wooden door and climbed the stairs to their first class. Twenty weeks later at commencement exercises the three graduates received their degrees in medicine.

Medical education had begun in Oregon.

This year the institution, which was born in Salem and took its first steps in a mortgaged grocery store in downtown Portland, has developed into a \$90 million, 24-building complex on a 101-acre hilltop campus. And it is still growing.

Following sanction of the 1973 Oregon legislature, the University of Oregon Schools of Medicine, Nursing and Dentistry, all on the UOMS campus, are being merged to form the University of Oregon Health Sciences Center. Search is under way now for a president to head the center. Deans of the three schools will then function under the new president, who will, in turn, report to the State Board of Higher Education.

The story of medical education in Oregon, and the emergence of the University of Oregon Medical School from the backroom or loft days to its present national stature is a colorful page in Far West history.

Early records show only 115 physicians living west of the Cascade Mountains in 1860-1863,

with a few others among the gold miners who remained in Oregon following the Civil War. A problem familiar today became painfully evident—not enough reasonably well-trained physicians to meet the needs of a rapidly increasing population. So A. C. Gibbs, then Governor of Oregon, and a group of physicians asked the board of trustees at Willamette University in Salem to establish a medical department in Portland, the largest town in the state. In February, 1865, the board established the “Oregon Medical College” and six men were appointed to the faculty. But the fledgling medical department never materialized.

Credit for the next step goes to Dr. J. H. Wythe, a physician and clergyman as well as president of Willamette University, who decided his school should try again in Salem. A committee was named to discuss the inactive medical department in Portland and the committee’s proposal was adopted in November, 1866. Six men, the first faculty to give medical instruction in the Northwest, were elected.

The first course of lectures began March 3, 1867, and at commencement the same year the first three graduates, W. A. Cusick, D. M. Jones and J. L. Martin, received degrees in medicine.

The Willamette Medical Department was the third of its kind west of the Mississippi and the first western medical school north of San Francisco.

The faculty’s ambition to develop a “first class school” was in keeping with the missionary mo-

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OREGON MEDICAL SCHOOL



The University of Oregon Medical School today. Building in lower right foreground is Child Development and Rehabilitation Center, nationally recognized for its functional architectural design. Center structure is 14-story teaching hospital, flanked in background by central campus complex.

tives which founded Willamette in 1842, but their purpose was in no way as difficult as it would be today. Laboratories were practically unknown and the elaborate clinics and dispensaries then to be found in European medical centers were as foreign as the Sphinx. The requirements were simple: some chairs and possibly a blackboard for the lecture room and any kind of enclosed space where a few cadavers could be dissected.

Although equipment was no particular problem, people soon were.

There is something in the nature of most physicians that makes them extremely independent creatures, inclined to shy away from controls. Because there was no firm administrative policy established between Willamette and the medical faculty, the physicians preferred to govern themselves without bothering to consult the board of trustees. And they did. The doctors also found many areas of disagreement within their own ranks.

In spite of the controversies, the school con-

tinued to operate and in 1876, 23 students were registered. Then, perhaps because of continued dissension, the board of trustees gave unanimous approval to a medical faculty recommendation to remove the department to Portland. A new faculty was named, including several men who had been with the Salem Medical Department.

At the first faculty meeting in Portland, held in June 1878, rooms were rented above a livery stable. The first formal instruction took place the following December, and the Portland population of 19,128 certainly offered greater clinical facilities than Salem.

Impetus from Formation of Oregon State Medical Society

Still another factor which influenced the move was the organization four years earlier (1874) of the Oregon State Medical Society. At the society's first meeting a committee on medical education was appointed to report on the medical institutions in Oregon, instruction offered, requirements

for graduation, methods of examination and the number of pupils and graduates at each commencement.

Formation of the state medical society gave physicians in the state a means to express their interest in medical education. In fact, at the society's fifth annual meeting a special committee was appointed to attempt an examination of the medical department of Willamette University.

A significant proposal was made and adopted unanimously at the society's meeting in 1880: that the society prepare a proposal stressing the importance of "a high standard of graduation and that higher preliminary attainment be required of all applications for admission." It was probably boosted along by a state medical society report in 1879 which read: "In this connection we take occasion to protest against the prostitution of the title M.D. so commonly practiced. . . . The right to be called 'doctor' is possessed only by those who have that degree legally conferred upon them. . . . The ignorant pretenders who brazenly put 'M.D.' to their names to sell 'sody,' 'sweat oil' and 'blew mas' in their prescriptions, who cannot tell mumps from erysipelas . . . such pretenders we say do us but little injury for their ignorance is so apparent that the public is not long in perceiving it. . . ."

In 1879 a man who was to play a vital role in medical education in Oregon joined the Willamette Medical faculty as lecturer on diseases of the mind. He was Dr. Simeon E. Josephi, a graduate of Toland Medical School in San Francisco, who had taken up residence in east Portland. In 1880 when Willamette was admitted to membership in the Association of American Medical Colleges, Dr. Josephi was also given the chair of anatomy.

The school outgrew its quarters above the livery stable and in 1885 a new structure was built in what was then the heart of the city. Behind its Victorian embellishments it contained a 150-seat auditorium, a dissecting room with 20 tables and a new refrigerator large enough to store 30 bodies for dissecting material. This building housed the school until the move back to Salem in 1895.

Progress in medical education was slow, as it was across the country, until Johns Hopkins University School of Medicine opened in 1893. This was the first school in America to require a bachelor's degree for admission.

But in a brief 20 years Oregon's wilderness

physicians had pushed and prodded, fought and labored, defied Indians, epidemics, and ignorance, to establish and support a medical school with standards comparable to many in the far older eastern cities.

In 1883 attendance requirements were moved up from two to three courses of lectures to qualify a student for medical examinations.

Clinics were held in all the "practical branches," and at the end of the second year final examinations were given in anatomy, physiology and chemistry, but attendance at lectures in these subjects was still required during the third year. The last year included surgery, theory and practice of medicine, materia medica and therapeutics, obstetrics and gynecology and special branches, together with the clinics. This change marked the beginning of a graded curriculum such as was established at Northwestern University Medical School, then the Chicago Medical College, in 1878.

During the next 12 years two events affected the progress of medical education in Oregon. One was moving the Willamette Medical Department back to Salem in 1895. The immediate cause, according to the Willamette board of trustees' minutes of October, 1895, was the "sudden withdrawal of all hospital facilities" in Portland. This apparently referred to the old Methodist Hospital that was closed after scathing attacks against it in the local papers.

Lacking other facilities, the medical faculty appealed to the board of trustees for aid. Appalled at wasting 17 years of effort, they hustled about to provide more or less temporary quarters for the uprooted medical department at Salem, where the school reopened and functioned until a new brick building was erected for medical instruction on the Willamette campus in 1905.

"New and Modern" in an Unfinished Loft

It was described in the Willamette University catalog as "new and modern in every detail" but this statement apparently employed some literary license. The dissecting room was located in an unfinished top floor of the building in a bare area with exposed rafters and studding. Some tables for cadavers were provided, but there was no modern equipment for an anatomic laboratory. The medical department occupied this building until 1913 when it was discontinued by a merger with the University of Oregon Medical School.

In 1887 a significant event occurred, a split in

the Willamette Medical Department faculty which led to the formation of the University of Oregon Medical School.

The trouble began over a new appointment to the chair of obstetrics. At a faculty meeting a motion was made that "gave rise to a protracted and acrimonious discussion during which much personal bitterness was manifested and an apparently irreparable breach created in the faculty." When the meeting was ended, the entire faculty had resigned and the recording secretary was instructed to strike out most of the minutes.

Even after tempers cooled four men remained adamant, and a month later a letter to Willamette's acting dean made their resignations official. The dissenters were Drs. K. A. J. Mackenzie, H. C. Wilson, George M. Welles, and S. E. Josephi. They were joined by several other local practitioners and together set about organizing a rival school.

One of the most active men in the project was Dr. C. C. Strong, a brother-in-law of Judge M. C. Deady who was then president of the board of regents of the state university. The judge's interest in the new venture may have had some influence on the regents, who granted a charter in the name of the University of Oregon Medical School.

Financed by a Note Signed by the Faculty

At a June meeting in 1887, four other physicians joined the first four rebels to be named professors in the original charter. It specified that "the course of study in said school of medicine preparatory to graduation therefrom shall embrace two years."

Dr. Josephi was elected dean and instruction began in the fall of 1887 in a former grocery store which was moved to a sliver of land on the Good Samaritan Hospital grounds at what is now 23rd and Marshall streets in Portland. The building contained a lecture room on the ground floor and a dissecting room above. Cadavers were hauled up through a trap door in the floor with a block and tackle.

The venture was financed by a \$1,000 loan from the First National Bank of Portland, on a joint note signed by the faculty members. When Marshall Street was extended in 1889, the little building was moved, then moved again in 1893 to make room for the "sightly, compact and well-equipped medical college building" erected that year. As the school was close to both Good Samaritan and St. Vincent's hospitals, surgical and



University of Oregon Medical School's second location was in northwest Portland.

medical patients were available for observation under treatment and the new structure served the school well until 1919. Then, even as equipment was being moved to the Medical Science building on the present campus, it burned.

The fire did have certain benefits. It is reported to have provided a handy way to dispose of some pink-striped laboratory coats that Dr. William (Pop) Allen had bought. During the excitement a young laboratory assistant rushed heroically into the burning building, grabbed all the coats and threw them into the flames. Rumor persists that he was awarded a medal, for taste as much as for valor.

The first admission requirements in the new quarters were "satisfactory evidence of knowledge of the common English branches including reading, writing, spelling, grammar, geography, arithmetic and so forth." A minimum of three years was required for graduation.

Although some time had been given to teaching microscopy, histology and physiology, the first actual laboratory course in bacteriology was given in 1892 by Dr. A. E. Mackay, who proudly displayed the first tuberculosis bacillus seen under a microscope in the Pacific Northwest. By 1898, when the school adopted the requirements of the American Association of Medical Colleges, the course had been lengthened to four years and studies were being graded.

The late Dr. Laurence Selling recalled: "The lecture room was located on the main floor and there were cuspidors scattered around through it,



Army National Guard helicopters transport critically ill newborn babies from remote areas of Oregon to UOMS Neonatal Intensive Care Unit. Pediatrician and nurse accompany plane.

since so many of the boys chewed tobacco. The anatomy lab was located on the second floor where there was a side door which was the one most used. In the summer time it was as natural as breathing when coming out to look up to see if the water bag was coming down. In fact, during the summer session, the sidewalk was kept wet with this favorite pastime. The winter season didn't dampen the spirit much either."

The Spur of the Flexner Report

But the days of lighthearted antics were running out, for too many graduates were being failed by the State Board of Medical Examiners. Both the school and faculty were under attack by the press, and the situation became so acute that it was taken up by medical societies and local journals.

The *Medical Sentinel* commented: "Either the medical colleges of Oregon ought to improve or disband or else there should be a change on the State Examining Board by the removal of one or more members."

At the 1907 examinations, five of the eight graduates who appeared failed to receive a license to practice. Apparently much of the difficulty could be laid to the different standards held by members of the State Board.

Apparently some officials, with the best of in-

tentions, were attempting to meet the pace set by the American Association of Medical Colleges and the American Medical Association—a pace so fast that the faculty found it almost impossible to follow at that time. Smarting under criticism at home and from the AAMC, they voted in November, 1907, to resign from the association, rather than be ousted.

But the school's troubles were just beginning, for in 1910 it was the object of a bitter denunciation in the famous report of Abraham Flexner on Medical Education in the United States. For a time it appeared the institution would go under, as many others had. In 1906 there were 161 medical schools in the country, but not more than 80 had any stature, according to the American Medical Association report by the Council on Medical Education and Hospitals.

Demands for equipment and salaries for full-time instructors in at least the laboratory subjects soon weeded out many of the weaker schools, and before long only 135 remained. Of these, 29 were rated as Class B and 72 as Class A. The University of Oregon Medical Department rated an A.

The *Medical Sentinel* rejoiced: "It places the Oregon School in the same classification as the big medical schools in the East."

Lacking financial support to meet the insistent demands for higher standards, the Portland school had increasing difficulty. At this time the budget from the state's general fund was \$1,000 annually. Needing money for equipment, for full-time instructors, for all purposes, the faculty appealed to the board of regents of the state university. As a result the appropriation was increased to \$2,500 yearly and the president of the board recommended increasing this amount to at least \$10,000 annually so that the school could meet the requirements for continued recognition by the standard-setting authorities.

At its next session the legislature came to the rescue with an appropriation of \$30,000 for the 1911-1912 biennium. Bolstered by the promise of more support, the faculty took another forward step, the appointment of Dr. David N. Roberg as the first full-time instructor at the school.

Higher standards brought increased need for better hospital and dispensary facilities for the students, and in 1909 preliminary arrangements were made to use the Multnomah County Hospital for teaching purposes. By 1913, six salaried instructors had been added to the staff.

After guiding the school through its first critical 25 years the first dean, Dr. Simeon Josephi, resigned in 1912 to be succeeded by Dr. K. A. J. Mackenzie. The following year the Willamette Medical Department in Salem was consolidated with the Portland school.

A Hilltop Campus

With each class, pressure increased for larger laboratories, better equipment, and modern instruction. No one was more aware of the need than Dean Mackenzie. Fortunately, he had been chief surgeon for the Oregon Railway and Navigation Company and knew members of the company's board of directors well. Some years before, the company had bought a piece of land, sight unseen, for its river frontage. The site extended to an almost inaccessible hilltop a mile and a half up-river from the city. But Dean Mackenzie saw the location through different eyes. He visioned a medical center away from the city's noise and grime and he lived to see his dream begin to become a reality. He persuaded the railroad officials to donate 20 acres atop Marquam Hill for the school, and from that day he worked unceasingly to develop "Mackenzie's Folly" as some called it. The gift of a new campus in 1914 was followed the next year by a legislative appropriation of \$50,000 for a new building.

The cornerstone of the first unit, the Medical Science Building, was laid May 1, 1918, and the three-story building was completed the following year.

In the meantime the need for a new county hospital had become urgent. Knowing clinical facilities adjacent to the school would be valuable to the students, Dean Mackenzie offered the Multnomah County commissioners nine acres for a county hospital and a nurses' dormitory. His offer was accepted and construction of Multnomah Hospital was well under way in 1920 when the dean was fatally stricken with angina pectoris. (The original county hospital, with its supplemental wings, was this year purchased by the Oregon legislature for the medical school's teaching and patient care program. Operating costs of the institution were formerly absorbed by the county, although the medical school faculty has always staffed the 334-bed hospital.)

During the school's formative years and those that were to follow, the honor roll of men who aided medical education in Oregon grew impossibly long to recount. High on this roster is the

name of Dr. Richard B. Dillehunt, third dean of the medical school and chief surgeon of the Shriners' Hospital for Crippled Children for 19 years. Although he had been assistant dean a major share of the time since 1912, his election took place only after an intensive battle between two factions of the faculty. The majority of the older clinical members considered the laboratory sciences as merely a necessary adjunct for training physicians. The younger clinical men and the laboratory staff believed equally strongly that medical education must be primarily a science. Dean Dillehunt was destined to walk a tightrope between the two factions until each recognized the importance of the other's role.

A New Gift of Land

In 1924 the campus was enlarged by a gift of 88 acres of adjacent land from the Jackson family, publishers of the *Oregon Journal*. The tract provided room for future construction, and 25 acres of it were deeded to the United States Government in 1926 as a site for a veterans' hospital.

The school now entered a period of consistent growth. In 1926 Doernbecher Memorial Hospital for Children was completed, providing 70 beds for sick and disabled youngsters.

In 1931, \$400,000 from the General Education Board of New York provided the medical school with a modern outpatient clinic on the campus. In 1939 the University State Tuberculosis Hospital was completed with state and federal funds as well as gifts from the family of former Governor Julius L. Meier.

During the same year the Medical School Library and Auditorium were completed with a gift of \$100,000 from Dr. John E. Weeks, a like amount from the Rockefeller Foundation and a grant of \$163,500 from federal funds.

The handsome structure was the realization of a long-cherished dream for medical librarian Bertha Hallam. She had arranged the school's first collection of books in an elevator shaft back in 1919 and she prodded the library's growth with indomitable determination up to and even beyond her retirement in 1965.

The library is now a major source of postgraduate education for physicians. Throughout the years books, periodicals, historical items, and gift funds have arrived in a steady stream; and to this day donations from the medical societies are given annually.

In 1941, Dean Dillehunt established a division

of experimental medicine at the school, headed by Dr. Edwin Osgood. This first formal step into the medical unknown opened a path which would one day take Dr. Osgood to international eminence for his work in leukemia and chromosome research.

In 1941, Pearl Harbor shattered many a plan, personal and professional. The faculty was stripped to a skeleton crew as man after man entered military service and those who remained shouldered heavy schedules to support the school's teaching and patient care programs. Instruction was stepped up to a year around schedule to supply physicians for military service as well as for a civilian population that had lost so many of its practitioners to the needs of war. As people by the thousands poured in to work in Oregon war industries, the demands upon physicians were so great that many of them became casualties of war from sheer overwork.

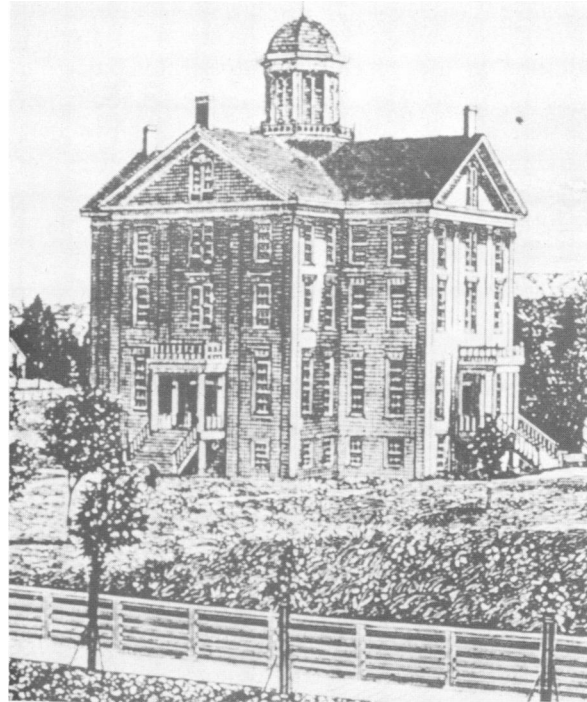
In 1943 a series of heart attacks forced Dean Dillehunt into semi-retirement and he remained Dean Emeritus until his death in 1953.

The fourth dean of the medical school was uniquely qualified to fill the post. He knew every step of the way. From the day David W. E. Baird enrolled at the University of Oregon in 1918 through his years as a student, intern, instructor, practicing physician, professor and director, each step was father to the next until all he had learned on the long road up became a Gibraltar of experience and knowledge which supported the medical school until his retirement in 1968. He was succeeded by Dr. Charles N. Holman, the present dean. Having moved from University of Oregon Medical School student to associate dean in orderly progression in the past 42 years, he too has a thorough training for the job. Under his leadership, entering class enrollment has increased from 83 to 114 medical students.

Post-War Education Explosion

The war's end in 1946 brought new dimensions to medical education. During the first 75 years, the school had followed an uphill, often meandering path. Then came explosions of knowledge, each burst illuminating another dark area to be explored.

The schools, the state and county medical societies, various specialty groups—all began offering postgraduate courses and lecture series by visiting scientists. Volunteer faculty members who had long been the backbone of the school's



Willamette University, 1867, in Salem. Home of Oregon's first medical school.

instructional programs returned to teach in record numbers. In 1943 they numbered 102. Today more than 800 men and women practitioners donate their time and skill to some phase of the school's instructional programs.

Each new advance, each new technique kindled more understanding and public enthusiasm for medical education and research. Inevitably, with this support came financial backing at every level of government, as well as from many private sources. State funds built the Crippled Children's Division on the UOMS campus in 1954, and state and federal funds completed the 14-story Medical School Hospital in 1956. It was here that Dr. Albert Starr performed the first successful implantation of an artificial heart valve in 1960. Since that time prosthetic valves have been used to save more than 60,000 lives throughout the world.

In 1962 the nine-story Research Building was completed with \$2.5 million from the Oregon State Legislature, the National Institutes of Health and the Medical Research Foundation of Oregon. Now scientists in basic research had a long-overdue home of their own, but characteristically, the building was crowded before the move in had

been completed. The Portland Hearing and Speech Center, an eight-story Women's Residence completed in 1965, projects such as the expansion of the Medical School Library, a seven-story addition to the venerable Outpatient Clinic, the massive Child Development and Rehabilitation Center, a new Basic Science Building, two new parking structures—these, too, symbolize the growth of the medical school.

Postgraduate courses launched by the Kellogg Foundation back in the 1940's have continued to expand as practicing physicians from across the state respond to the need to keep up with the advances of medical knowledge.

This year, as 33 Fellows, 397 medical students, 51 interns and 273 residents continue their education, the medical school campus swarms with young men and women students studying in related fields. The University of Oregon School of Nursing, which began in 1910 with three students, today has 493 in the baccalaureate and 51 in the masters degree programs.

Medical technologists, cytotechnologists, radiologic technologists, dietetic interns, graduate students in the basic sciences and in audiology and speech pathology—all the multiple facets of medical education—bring more than 1,400 students to the campus each year.

In 1943 the full-time faculty numbered 14. This year it is well over 300. In the 1940's annual research grants were less than \$75,000. Today they exceed \$5,500,000. Teaching programs have been updated, expanded, integrated with laboratory and patient care programs to develop a curriculum geared to today's needs.

An Atmosphere for Progress

An atmosphere of academic freedom has attracted many of the nation's top educators, clinicians and research scientists to the Oregon school, a policy which is paying substantial dividends. The kidney transplant program, for example, has a success rate as high as or higher than any other medical center in the nation, according to statistics from the National Kidney Registry. The transplant surgical team headed by Dr. Russell Lawson has implanted 53 cadaver and 67 related kidneys in the past three years.

The PETS programs (Perinatal Emergency Transport System) which was launched statewide in 1972 is aiding critically-ill newborn babies and women with high risk pregnancies. An air rescue team, developed through the Governor's office

and the Oregon Army National Guard, now rushes these endangered patients by helicopter or fixed wing aircraft to the Medical School Hospital. The Neonatal Intensive Care Unit (NICU) headed by Dr. S. Gorham Babson and Dr. John R. Campbell, has achieved an excellent recovery rate for these jeopardized infants. During 1973 the NICU admitted 358 babies, 40 of them via air rescue. Of the total admitted with life-threatening problems, 292 were restored to their parents.

A family practice residency, started in 1971 with three physicians enrolled, now has ten residents. Interest in the specialty has increased since preceptorships with family doctors across the state have been established for medical students, exposing them to the actualities of practice in rural areas. Dr. Laurel Case, head of the division, estimates that 60 to 75 physicians will have completed their training by 1981.

The Faculty Planning Council recently completed a ten-year plan which will increase overall enrollment in health profession vocations by nearly fifty percent. It calls for developing new programs not currently available in Oregon, including training courses for physician's assistants, physical therapists, medical records librarians and occupational therapists. Additional medical residencies scheduled to begin by 1975 include emergency room, oral surgery, pediatric surgery, physical medicine and plastic surgery.

Last year more than 16,000 patients were admitted to the Medical School Hospital and University North and Tuberculosis hospitals. The number of patient visits to the outpatient clinics and diagnostic laboratories exceeded 227,000 and the Crippled Children's Division recorded more than 40,000 visits.

As on-campus patient care, training and research programs move ahead at the Oregon school, continuing education courses for the state's practicing health professionals are keeping pace with expanding needs. The ten-year plan projects a 108 percent increase in enrollment in continuing education courses by 1981.

In summary, the University of Oregon Medical School has, from its humble beginning in a mortgaged grocery store, advanced through the past 86 years to take a well-deserved place among the West's finest institutions dedicated to the training of physicians, nurses and the allied health professionals.

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